



## The CommLaw Group

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April 12, 2010

### Via Certified Mail

Office of the Secretary  
Attn: Chief, Pricing Policy Division,  
Room 5-A121  
445 12th Street S.W.  
Washington , DC 20554

**Re: Policy and Rules Concerning the Interstate, Interexchange Marketplace;  
Implementation of Section 254(g) of the Communications Act of 1934, as  
amended; CC Docket No. 96-61**

Dear Ms. Dortch:

On behalf of BendTel, Inc., transmitted herewith is the company's Annual Certification of Compliance with the Federal Communications Commission's geographic rate averaging and rate integration requirements pursuant to 47 C.F.R. § 64.1900.

An extra copy of this filing is enclosed, please date stamp and return. If you have questions concerning this filing, please contact the undersigned.

Respectfully submitted,

/s/

Chris Canter  
On behalf of BendTel, Inc.

**BendTel, Inc.****SECTION 64.1800 CERTIFICATION OF COMPLIANCE**

I, Thomas Barrett, hereby certify that I am the CEO of BendTel, Inc., ("BendTel"), and that I am authorized to execute this certification on behalf of BendTel.

I hereby swear under oath that, to the best of my knowledge, information and belief, BendTel complies with the geographic rate averaging and rate integration obligations pursuant to Section 254 (g) of the Communications Act of 1934, as amended, in providing detariffed interstate, domestic, interexchange services.

A handwritten signature in black ink, appearing to read "Thomas Barrett", is written over a horizontal line.

Thomas Barrett

On behalf of BendTel, Inc.

**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of Oregon }  
 County of Deschutes } ss.

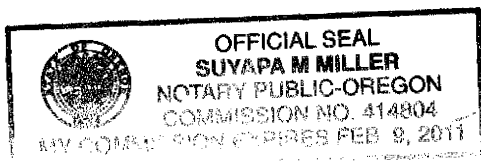
On this the 12<sup>th</sup> day of April, 2010, before  
 me, Suyapa M. Miller, the undersigned Notary  
Name of Notary Public  
 Public, personally appeared Thomas Barrett,  
Name(s) of Signer(s)

☐ personally known to me – OR –

☒ proved to me on the basis of satisfactory  
 evidence

State Identification  
 to be the person(s) whose name(s) is/are  
 subscribed to the within instrument, and  
 acknowledged to me that he/she/they  
 executed the same for the purposes therein  
 stated.

WITNESS my hand and official seal.



Suyapa M. Miller  
Signature of Notary Public  
 Other Required Information (Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Any Stamp Above

**OPTIONAL**

*Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Certification of Compliance  
 Document Date: 4/12/10 Number of Pages: 1  
 Signer(s) Other Than Named Above: \_\_\_\_\_

**Right Thumbprint  
 of Signer**

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